

Health Improvement Board 27 June 2017

Q4 Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2012-2016, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The four priorities the Board has responsibility for are:
 - Priority 8:** Preventing early death and improving quality of life in later years
 - Priority 9:** Preventing chronic disease through tackling obesity
 - Priority 10:** Tackling the broader determinants of health through better housing and preventing homelessness
 - Priority 11:** Preventing infectious disease through immunisation

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.
4. There are some indicators that are only reported on an annual basis and these will be reported in future reports following the release of the data.
5. For the indicators that can be regularly reported on, current performance can be summarised as follows:
 - 9** indicators are Green.
 - 5** indicators are Amber (defined as within 5% of target).
 - 0** indicators are Red

3 indicators do not yet have information available for Q4 – these are indicators 8.1 Bowel screening uptake, 10.4 Affordable Warmth Network energy efficiency indicator and 11.4 HPV uptake in 12-13 years (second dose).

Sue Lygo
Health Improvement Practitioner
13 June 2017

**Oxfordshire Health and Wellbeing Board
Performance Report**

Priority 8: Preventing early death and improving quality of life in later years											
	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	59.1%	A	60%	G	59%	A	0%		Data at least six months in arrears.
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%.	15%	5.0%	R	10.2%	A	14.4%	G	18%	G	All CCG localities over 15%
8.3	Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>47.9% (Aspire 55%)	35.1%	R	40.8%	R	44.7%	G	51.5%	G	Some localities above 50% North 60%, South West 56.3%, South East 54.2% Some below 50% West 48.3%, North East 46.2%, Oxford City 45%
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551	G	978	R	1471	A	2037	A	
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G	7.2%	G	7.8%	G	8.0%	G	-
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end yr (Aspire 6.8% long term)	4.6%	G	4.3%	A	6.1%	G	7.0%	G	

8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end yr (Aspire 37.3% long term)	20.8%	R	20.0%	R	31.6%	G	44.3%	G	-
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Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%					16.0%	G			2015/16 - Inequalities across the county - Cherwell 17% and Oxford City 20%
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)					17.5%	G			Updated from Active Lives Survey (Nov - Nov 16). Cherwell 21.7% and West Oxon 22% PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%)	63%	62.2%	A	61.7%	A	61.8%	A	62.5%	A	Q4 - South West Oxfordshire and West Oxfordshire localities <55%. All others are higher - South East and Oxford City localities >70%

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			192	A			161	G	
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	85.1%	G	84.2%	G	85.4%	G	87.3%	G	
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless.	80%			86.4%	G			80%	G	
10.4	Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.	1430 residents							0		New indicator agreed at HIB Feb 2017. Data will be available for Q4 (and Q2 in 2017/18)
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90					79	G			
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	≤70% Aspire 95%					73.2%	G	70.7%	G	Sum of all four quarters shown for Q4

Priority 11: Preventing infectious disease through immunisation											
	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years	95%	95.0%	G	94.5%	A	94.6%	A	94.8%	A	Oxford City and North Oxfordshire localities are below 94% in Q4
	No CCG locality should perform below 94%										
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years	95%	93.4%	A	92.5%	A	93.1%	A	92.6%	A	Oxford City, S E Oxfordshire and West Oxfordshire localities below 94% in Q4
	No CCG locality should perform below 94%										
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							52.4%	A	
11.4	HPV 12-13 yrs (Human papillomavirus) 2 doses	≥ 90%							0%		Data available annually for school year Sept-Aug so published after September.